

From: Richard Smith, Corporate Director Adult Social Care and Health
Diane Morton, Cabinet for Adult Social Care and Public Health

To: Adult Social and Public Health Cabinet Committee – 10 September 2025

Subject: **Wellbeing Services in the Community**

Decision no: 25/00014

Key Decision: It affects more than 2 Electoral Divisions

Classification: Unrestricted

Past Pathway of report: N/A

Future Pathway of report: Cabinet Member decision

Electoral Division: All

Is the decision eligible for call-in? Yes

Summary: This report explains the proposed decision, the reasons for the proposed decision and key factors. The report sets out Kent County Council's relevant statutory obligations, the potential impacts on people who draw on care and support, partners and others, financial implications, alternative options considered, and how the consultation has informed the proposed decision and steps to mitigate adverse impacts. The report also explains the relationship between the proposed decision and the draft Adult Social Care Prevention Framework 2025-2035. The Committee is asked to consider the Prevention Framework first before considering this report and proposed decision.

Recommendation(s): The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make **RECOMMENDATIONS** to the Cabinet Member for Adult Social Care and Public Health on the proposed decision set out in the Proposed Record of Decision (Appendix A).

1. Introduction

- 1.1 Officers have undertaken a review of certain adult social care preventative services, namely the Wellbeing Services in the Community, and Community Navigation services, funded by Kent County Council (KCC) and delivered through contractual arrangements with partners in the voluntary, community, and social enterprise (VCSE) sector. KCC arranges for the delivery of a wide range of Wellbeing Services in the Community, in addition to Community Navigation. Following this review, and a subsequent public consultation, this report sets out proposed changes to a number of these services. However, the majority of KCC's Wellbeing Services in the Community, particularly those which support individuals with needs such as dementia, physical disabilities, sensory impairments, and mental health needs, would be unaffected.
- 1.2 The purpose of the review was to refocus and redesign the delivery of Wellbeing Services in the Community with a view to achieving four strategic objectives:
- Removing elements of duplication within KCC's current prevention approach.
 - Ensuring prevention services are more efficient, targeted and making best use of limited resources.
 - Focusing on the areas and people with greatest need.
 - Contributing towards savings that deliver a balanced budget for KCC.
- 1.3 KCC has statutory obligations regarding preventing, delaying, and reducing needs for care and support of adults and carers in Kent. It fulfils these obligations through a wide range of interventions which are not limited to Wellbeing Services in the Community, Community Navigation, and other initiatives funded and delivered by adult social care. Health and other partners in Kent also deliver services which contribute to the achievement of the same objectives. KCC will continue to discharge its statutory functions through a wide variety of approaches and initiatives. KCC has, furthermore, undertaken a longer-term, system-wide review of its approach to prevention, resulting in the proposed Adult Social Care Prevention Framework 2025-2035. The relevance of the Prevention Framework to the proposed changes to Wellbeing Services in the Community and Community Navigation is explained below.
- 1.4 A public consultation on the proposed changes to Wellbeing Services the Community and Community Navigation was held from 26 November 2024 to 27 January 2025 www.kent.gov.uk/wellbeingconsultation. The full consultation outcome report is attached to this report as Appendix 1 and consultation responses are also summarised in this decision report.
- 1.5 This report explains the proposed decision, the reasons for the proposed decision and key factors, including KCC's relevant statutory obligations, the potential impacts on people who draw on care and support, partners and others, financial implications, alternative options considered, and how the

consultation has informed the proposed decision and steps to mitigate adverse impacts.

2. Background

KCC's existing approach to prevention

2.1 Existing strategic approaches

- 2.1.1 KCC's current strategic approach to prevention is addressed in a number of key documents including [Framing Kent's Future](#), [Kent and Medway Integrated Care Strategy](#), [KCC's 2022-27 Adult Social Care Strategy - Making a difference every day](#), [Kent Adult Carers' Strategy](#), and the [Wellbeing & Prevention Adult Social Care Commissioning Market Position Statement 2021-26](#). The integrated [Kent and Medway Social Prescribing Strategy](#) sets out a joined-up plan for proactive community support that aims to prevent isolation and loneliness and improve people's wellbeing.
- 2.1.2 In our 2022-27 Adult Social Care Strategy, we explain that our social care functions include promoting individuals' well-being, and preventing, reducing or delaying the development of the need for care and support. We approach prevention on an ongoing basis (which is tested at each contact with the individual or carer) and not as a single activity or intervention to be undertaken. Framing Kent's Future sets out a commitment to work with our partners to embed a preventative approach into improving the health of Kent's population and narrowing health inequalities, and work "to ensure a strong focus on preventative community services, building a strong strategic relationship with the social sector in Kent and their role in supporting a system-wide focus on prevention".
- 2.1.3 There is now a greater emphasis on people's strengths, abilities and aspirations for a fulfilling life, along with ensuring more choices of personalised support available in the community, as outlined in the Adult Social Care Strategy - Making a difference every day. This shift has led to a reorganisation of the council's adult social care workforce into locality teams, which has strengthened local community links, enhanced the knowledge of the social care workforce and aligned team areas more closely with our health partners in the NHS.
- 2.1.4 The Kent and Medway Integrated Care Strategy is the system strategy, and it addresses what we are doing as KCC as a whole, to deliver against the key things that will keep adults well. The Shared Delivery Plan which underpins the Strategy demonstrates how KCC works with partners to address wide-scale whole-population measures aimed at promoting health. This includes more targeted, individual interventions aimed at improving skills or functioning for a person or a particular group or lessening the impact of caring on a carer's health and wellbeing, as part of coordinated, shared approaches to preventing, reducing or delaying needs for care and support.

2.2 Wellbeing and Prevention Market Position (2021-26) Statement and Adult Social Care Prevention Framework 2025-2035

- 2.2.1 The 2021-26 Wellbeing and Prevention Market Position Statement was published in June 2021. At this time, Wellbeing Services in the Community were delivered via grant arrangements and KCC has since moved to commissioned provision (as had been envisaged by the Position Statement). The Position Statement was drafted under chapter 4 of the statutory guidance, which requires local authorities to seek to manage their local care services market, to ensure that a sufficient variety of services and service providers are available.
- 2.2.2 The Market Position Statement (2021-26) set out the services, demand, and future demand when drafted in 2021. The assessment of supply and demand within the Market Position Statement is using data from 2020 which is related to the impacts of covid. And since this was drafted there have been many developments which are referenced in this report. The assessment of supply and demand in the Market Position Statement has been revisited as part of officers' work on the Adult Social Care Prevention Framework, as set out in the Supporting Information annexed to the Adult Social Care Prevention Framework cabinet committee report. For the purposes of the proposed changes to prevention services, the draft Adult Social Care Prevention Framework (and Supporting Information) supersedes the Market Position Statement. The Market Position Statement is intended to be replaced in 2026 to reflect the principles in the Adult Social Care Prevention Framework.
- 2.2.3 The proposed Adult Social Care Prevention Framework builds on the Adult Social Care Making a difference every day Strategy and Kent and Medway Integrated Care Strategy and sets out KCC's overarching approach to prevention. It is intended to be a long-term Framework, setting out KCC's ambition for prevention over the period 2025-2035. Decision makers should have regard to the whole of the Adult Social Care Prevention Framework (assuming a decision is taken to adopt it) but, in summary, it is built on five approaches to prevention:
1. Principle of prevention first
 2. Focused support
 3. Partnership working
 4. Inclusion and equity
 5. Measuring and evidencing impact
- 2.2.4 To support the development of the Adult Social Care Prevention Framework data modelling was undertaken to help identify key drivers of demand and explore projections to understand how these may evolve over the next 10 years. The report ("Supporting Information") attached to the Adult Social Care Prevention Framework cabinet committee report provides an updated position of supply, current and future demand.
- 2.2.5 Officers' review of Community Wellbeing and Community Navigation services has been informed by a number of immediate strategic objectives, as

explained below (sections 4.1-4.7). However, officers have also had regard to the wider and longer-term ambitions in the Prevention Framework.

2.3 Delivery of preventative services

- 2.3.1 For the 2025/2026 finance year, the gross budget for prevention in adult social care and health (ASCH) is £33million. These are services that are coded prevention on the system. Of the £33million expenditure, £20.9million is KCC base funded and £12.1million is funded from other sources (finance charging, grants, Care Act implementation, health and other public bodies). This budget is used for commissioned services that provide respite for carers, support for carers, advocacy and domestic abuse. The 2025/2026 Wellbeing Services in the Community and Community Navigation contracts account for £17.46 million of this budget, with funding contributions as follows:
- KCC Adult Social Care: £10.01 million
 - KCC Public Health: £3.06 million
 - NHS Kent and Medway: £3.49 million
 - Other sources (e.g., Better Care Fund, KMPT): £0.90 million
- 2.3.2 The prevention landscape in Kent is multi-faceted, in that many KCC services and activities that contribute to prevention sit outside adult social care, and include the involvement of public health, children's services, leisure, transport, housing services, and libraries. To provide one example, most libraries host weekly activities which contribute to prevention such as knit and natter, games, coffee and chat, book groups, speakers, quizzes, recreational activities and tea and chat. KCC libraries in Thanet are part of a new initiative to create volunteering opportunities and support those experiencing loneliness. An £85,000 grant will allow Thanet libraries to run a range of activities and events over 2025/2026. Examples of the activities include walking and gardening for wellbeing, children's craft activities, menopause cafes, family learning support events and social prescribing. During 2024/2025 the events and activities across 99 libraries were attended by 213,478 people. There are also services provided by adult social care that are not purely focused on prevention but due to the nature of the service do support the prevention offer, these include Technology Enhanced Lives, Kent Enablement at Home and Occupational Therapy (OT), these services are not part of the £33million budget referenced above.
- 2.3.3 Examples of preventative services that KCC provides, beyond the Wellbeing Services in the Community and Community Navigation contracts (and which are unaffected by the proposals), are set out below. These have been grouped under the most relevant of the three types of prevention set out in the Care Act guidance: primary, secondary, and tertiary prevention. Appendix 4 provides a table of more prevention services.

1.Primary Prevention means services, facilities or resources that help to promote a person's health and wellbeing and maintain independence. They can help individuals, including unpaid carers, to avoid developing needs for care and support.

Positive Wellbeing provided KCC Growth, Environment and Transport (GET) directorate and started 2020. Delivered by Community Connectors from across a range of services and community organisations, to Kent residents aged over 18. Support is offered face-to-face, by telephone or video appointments for up to 12 weeks. It aims to reduce social isolation and loneliness, enhance quality of life, and improve overall wellbeing. Support is given by developing a personalised plan and signposting residents to various organisations, groups, clubs and events and attending alongside the resident where appropriate. The service supports different levels as follows:

- Tier 1 Positive Wellbeing support is delivered by 38 **Community Wardens** across 12 Kent districts. Supporting isolated residents, Wardens, acting as Connectors, initially visit people in their homes. On average, each Warden can support 2 people over a 12-week period, totalling 8 people per year. Therefore, Tier 1 Positive Wellbeing can support an average of 304 people per year. From April '24 to March '25 a total of 150 people were supported.
- Tier 2 Positive Wellbeing support is an approach that is being developed and will be delivered by volunteers. This will be for people that require less intensive support. There are around 15-20 potential volunteers who have expressed interest in receiving training and this number is expected to grow when we advertise the opportunity to volunteer, this is expected by Autumn 2025. In addition, there are 153 Positive Wellbeing Champions who have undergone training. The training has equipped them with knowledge on who it affects, how it presents, and what to look out for. They are well-prepared to refer isolated and lonely individuals to the appropriate support. From April '24 to March '25 a total of 27 people received signposting support. As this is under development it is difficult to estimate yet how many people can be supported, however there is significant potential to increase the number of Connectors providing support and reach to many more Kent residents.

Community Wardens – A service provided the KCC Growth, Environment and Transport (GET) directorate and started in 2002. There are 38 wardens (including six team leaders) who have knowledge of the communities they serve and are trained to connect residents to support which will promote their wellbeing and/or help prevent care and support needs. The Community Wardens' broader role in communities contributes to delivering KCC's duties under Care Act Section 1 promoting individual well-being and Section 2 preventing needs for care and support. This could be financial support, housing, information and advice, carers support, social connections, and activities. In the last year, Community Wardens have supported 2000 people on a one-to-one basis. Community Wardens also work at a group and community level, providing information on making the community environment safer and stronger, giving scams talks, tackling low level crime, setting up and running support groups/events, during 2024/2025 this approach supported 6000 people.

The Community Warden service has been transformed over the last year, reducing staff levels and become more targeted.

[Digital Kent](#) has supported over 16,700 residents since 2021. The support includes digital hubs, of which there are 30 across Kent and Medway and digital workshops. Digital Kent also offers a Hardware Access Scheme which provides residents with a laptop to enable access and opportunity and a Connectivity Access Scheme which provides residents with a connection to broadband. The offer of regular digital support has helped residents to be more socially included and empowered. Digital Kent is funded by KCC's Helping Hands Scheme, which supports projects that help people who are experiencing, or at risk of, financial hardship. Digital Kent also leads on the Digital Champions Network and has over 200 digital champion volunteers

2. Secondary Prevention refers to more targeted interventions aimed at individuals who have an increased risk of developing needs, where services, resources or facilities may help slow down or reduce any further deterioration or prevent other needs from developing.

[Technology Enhanced Lives Service](#) is provided by adult social care, started in November 2023 and to date has supported 5,708 people. The service provides assistive technology to support people to stay safe and independent, both at home and in the community. Technology can be provided on a short-term basis (free for up to 10 weeks) or on long term basis if someone has care act eligible needs. There is also a private pay service for people that wish to use technology but without needing to arrange through social care.

3. Tertiary Prevention describes services, facilities and resources that support people to regain skills and manage or reduce need where possible. The aim is to minimise the effect of disability or deterioration for people with established or complex health conditions. This would include progressive conditions, such as dementia. It includes interventions such as the provision of formal care.

[Kent Enablement at Home](#) (KEaH) is an adult social care team, providing enablement support for the residents of Kent. The purpose of the team is to establish enablement goals and work with a person to empower them to be as independent as possible.

Referrals into the KEaH service are via many routes, this could be following staying in an acute, or community hospital, referrals from GPs, the ambulance service, or direct from people/carers/family. These are some examples of the goals people may want to achieve:

- improving confidence after a fall
- giving guidance in preparing meals following a change in circumstances
- reconnecting you with social activities
- identifying equipment that could help with independent living

Usually, people are supported by the service for 2-week service; however, the service can be provided up to six weeks if there is a need and still enablement potential. The service is free at the point of referral. The service

supported 6,559 people in 2024/2025. The KEaH service has expanded over the last seven months as it took over the Discharge to Assess service. It is expected that the service will support approximately 8,000 people in 2025/2026. Approximately 85% of people who receive KEaH end with no further support required.

Kent Enablement Service (KES) provided by adult social care and supports individuals aged 18 and above with physical disabilities, learning disabilities, autism, mental health conditions and been assessed as having unmet social care needs as defined by the National Eligibility Criteria for adult social care or someone who has an ongoing involvement with a social care team. There were 2,616 referrals received 2024/2025.

The service is free and outcome focused for up to eight weeks and uses interventions based on enablement prevent, reduce delay with individuals who are ordinarily resident in Kent. Range of support provided:

- Skills to manage daily activities.
- Enhanced physical and mental health.
- Growth in confidence and self-esteem.
- Encourage lifelong learning, promote independence.
- Where appropriate, support a move into work related opportunities and volunteering.
- Work co-productively to that enable individuals to manage their own health and wellbeing and be aware of how and where to seek support and assistance.
- Help facilitate social inclusion by assisting the development of an individual's own networks of community support, interests, and contacts.

Occupational Therapy provided by adult social care and improves people's ability to do everyday tasks if they're having difficulties including moving and handling, enablement techniques, specialist equipment, major adaptations and using assistive technology.

Short Breaks (respite care) are timely breaks that better address the ongoing needs of the person who draws on care and support and their carer which is provided by adult social care.

- 2.3.4 It is also important to recognise that a wide range of preventative support is available beyond what is provided or commissioned by KCC. Social care staff and partners can use KCC's digital tools (Connect to Support and the Joy platform, both explained below) to find out about groups and activities within communities along with local knowledge and connections. A discussion with the individual first helps to understand the support needs and areas of interest so that relevant groups and activities can be identified. A wide range of groups and activities are available across the county which are not commissioned or funded by KCC and which are similar to those delivered under the Community Wellbeing contracts in scope of these proposals. Officers have undertaken work to understand the availability of these groups and activities, as explained elsewhere in this report (section 10).

2.4 Information and advice

- 2.4.1 KCC and partners maintain a broad range of services to provide adults with care and support needs, carers with support needs, and the whole population, with information and advice relating to care and support. This includes the following, which are unaffected by the proposals:

[Kent Connect to Support](#) is a website developed in 2023 and managed by KCC, which provides information and advice to help people stay independent and connected to their local community. The yearly costs for the platform are £22,848. For 2023/2024, 25,600 people used the website.

The [social care and health](#) section of Kent.gov, the official website for the Kent County Council, offers a broad range of information on adult social care services. This platform serves as a central hub for residents seeking guidance on various topics, including eligibility criteria for social care, how to apply for support, and the types of care available. Additionally, the site provides links to relevant forms, policies, and statutory guidance.

Adult Social Care Connect provides an initial contact point for people wanting to access care and support. This service is provided by Adult Social Care. Contact and support can be made via telephone, online or in person. They offer low-level intervention support such as providing information, advice, and guidance, proportionate assessments, and equipment.

Kent Enablement Service hosts drop-in sessions which started in 2022 and help people to access information and advice, manage letters and bills, make phone calls, find groups, activities, colleges, education courses, and paid/voluntary employment, and provide information about keeping safe, housing, wellbeing, and benefits. This service is aimed particularly at people who may not have the skills, ability or confidence to independently access support online.

Social Prescribing Platform Joy is a digital social prescribing platform, with a variety of aspects that can be used by both professionals and Kent Residents to help navigate the complex health and social care system. The Integrated Care Board (ICB) has funded the platform, for 15 months at a cost of £240,000 and since going live January 2025 the platform has facilitated 2,090 referrals. The marketplace is an online public facing directory, which enables Kent and Medway residents to type in their postcode, filter categories and find local support available to them, and self-refer to support. Kent County Council have identified an opportunity in building upon the existing work to reduce internal and system duplication in the signposting and referring space and explore opportunities for adult social care staff to use the system. Work is now underway to introduce this platform into Social Care and it expected to place by Autumn 2025. Once in place it is expected that this will replace other digital platforms.

Information, advice and guidance provided by the VCSE, the lead organisations outlined in this report also provide information, advice and

guidance as part of the commissioned service and this will remain unaffected by these proposals.

Imago: [Our services - Imago](#)

Involve: [Involve Kent](#)

Social Enterprise Kent: [Home - Social Enterprise Kent](#)

Live Well Kent: [Welcome | Live Well Kent](#)

Social Prescribers are employed and working through Primary Care Networks and is a way of improving residents health and wellbeing other than through medicine and started July 2019. Social prescribing connects people to community-based support, services, resources, and groups in the local area. This is helping to improve outcomes for people, supporting people to stay well, independent and resilient, reducing social isolation and helping to support physical and mental health. [Social Prescribing](#) workers, of which there were 128 in Kent and Medway, 114 of these are in Kent Primary Care Networks. Social prescribing link workers give people time over several sessions to offer a person-centred conversation based around asking, “what matters to you?” They:

- Help people to identify issues that affect their health and wellbeing, and co-produce a simple [personalised care and support plan](#)
- Support people by connecting them to non-medical community-based activities, groups and services that meet practical, social and emotional needs, including specialist advice services and the arts, physical activity, and nature.
- Use coaching and motivational interviewing techniques to support people to take control of their own health and wellbeing.
- Support accessible and sustainable community offers by working with VCSE organisations, local authorities and others to identify gaps in provision and deliver activities and groups to meet population needs.

2.4.2 KCC’s information and advice arrangements take people’s different needs into account including: people with sensory impairments, who do not have English as their first language, who are socially isolated, whose disabilities limit their physical mobility, who live with mental health problems, autistic people and people with learning disabilities. A range of contact methods is available. In addition to digital resources, methods of communication for information and advice include in-person contact, which is organised with social care teams, use of peer-to-peer contacts, meetings in community settings, advice and advocacy services, telephone contact, wider communication methods and the use of ‘free’ media channels.

2.4.3 Information, advice and guidance is also available in print. This includes a full guide to adult social care and health (incorporating common questions and answers with details of other organisations), booklets explaining the charging process for home care and support in the community, residential and nursing care, funding yourself in a care home. There are also printed guides to direct payments, employing a personal assistant and a new carer’s guide to direct payments. These sit alongside our comments, compliments and complaints leaflet and service specific information for example short breaks (respite

care). There are also a variety of easy read factsheets which can be printed or downloaded online.

- 2.4.4 Adult social care contributes to the printed edition of the Kent Care Directory produced and distributed by Care Choices each year. This is a printed directory of adult social care services and support.
- 2.4.5 There is printed information is distributed through Kent County Council libraires, offices, Gateways and partner organisations.
- 2.4.6 Adult social care attends a wide number of in-person information, advice and guidance events across the county. There 10 [social care involvement groups](#) in different locations across Kent, hosted by our social care involvement officers (5 in post plus 1 vacancy, therefore 6 roles in total) who have lived experience of accessing care and support and local knowledge. The team links closely with local community organisations to provide useful information, raise awareness of what support is available and increase involvement in the co-production and ongoing development of adult social care services, plans and policies.

3. Wellbeing Services in the Community and Community Navigation

- 3.1 The Wellbeing Services in the Community and Community Navigation contracts are commissioned services which aim to help people take a proactive approach to their health and wellbeing, increase independence, and prevent, reduce or delay the need for additional care and support services. These services are part of Kent County Council's (KCC) broader approach to preventing, reducing and delaying the need for care and support.
- 3.2 It is estimated that, in total, these services supported 111,674 Kent residents in 2024/2025. This includes people over the age of 55, those with a long-term condition such as dementia or people living with mental ill-health, sensory impairments, or physical disabilities and those who are carers. The 2025/2026 Wellbeing Services in the Community and Community Navigation contracts account for £17.46million of the prevention budget.
- 3.3 The below is a summary of the contracts, grouped according to whether they would be affected by the proposed changes.

3.4 Services in scope of the proposals

3.4.1 **Wellbeing Services in the Community for older people (55+)**

Wellbeing services for older people help to prevent or delay deterioration in people's health and wellbeing via services like peer support, or creative and physical activities. 14,375 people accessed the service in 2024/2025 and annual contract £3.87million, as shown in the table below.

Service	Annual contract value (million)
Involve Kent (West Kent)	£0.99million
Involve Kent (North Kent)	£0.66million
SEK (East Kent)	£1.24million
Imago Community (Ashford, Canterbury and Swale)	£0.98million
Total	£3.87million

3.4.2 The service operates across Kent under contracts with the following providers:

- Social Enterprise Kent (SEK) covering East Kent: Thanet and South Kent Coast
- Involve Kent covering West Kent: Sevenoaks, Tonbridge and Malling, Tunbridge Wells and Dartford, Gravesham and Swanley
- Imago Community covering Ashford, Canterbury and Swale

3.4.3 The current contract with SEK, Imago and Involve runs until to 31 March 2026. The current contract with Imago has a permitted extension until to 31 March 2027. If a decision is taken to implement the proposed changes, the contract can be varied, and three months' notice can be given.

3.4.4 The lead providers, SEK, Involve Kent and Imago Community, are not required to deliver all the services themselves and can pass on funding to other organisations to provide activities and support in the community. The lead organisations are responsible for managing subcontracted arrangements, with KCC providing contract monitoring and performance management. The lead organisations and the organisations they partner with also receive funding from other sources. The providers subcontract with partners as follows, more information is provided about delivery partners in Appendix 5:

- Imago – 13 Delivery partners, total of £457,183 annually is allocated to the delivery partners which is 46% of the total contract value with Imago.
- Involve – 53 Delivery partners, total of £457,912 annually is allocated to the delivery partners which is 28% of the total contract value with Involve.
- SEK – 9 Delivery partners, a total of £844,999 annually is allocated to delivery partners which is 68% of the total contract value with SEK.

3.5 Community Navigation for older people (55+) and those with complex issues related to illness, disability or a mental health issue

3.5.1 Community Navigators help people in need of information and guidance, emotional and practical support, or help to access a range of community or health and social care services. 12,150 people accessed the service in 2024/2025 and the contract value £1.60million.

3.5.2 Of the annual budget, the ICB has made yearly contribution of £0.75million towards the service. For the consultation the ICB stated that *“NHS Kent and Medway’s contributions towards the Community Navigation service will end when this current contract comes to an end. NHS Kent and Medway will be looking for the best way to use their funding to improve health outcomes and wellbeing for people through collaboration with the council and local providers”*. The ICB contribution is as follows:

Community Navigation	Annual Contract value	ICB contribution	KCC contribution
Social Enterprise Kent (East)	£0.60	£0.20	£0.40
Involve (West)	£0.23	£0.00	£0.23
Imago Community (North)	£0.53	£0.38	£0.14
Imago Community (Swale)	£0.24	£0.16	£0.07
Total	£1.60million	£0.75million	£0.85million

3.5.2 The proposals developed are based on the KCC funding. There has been a follow up meeting with the ICB during which it was confirmed that once the Navigation contract ends (March 2026) the ICB contribution would cease and not be available to move to the general Wellbeing Contracts. The ICB would look to pool/combine across Health and Social Care in the future, once the outcome of this decision is known.

3.5.3 The contract is with three organisations who operate across Kent, Social Enterprise Kent, Involve and Imago.

- Community navigators work with people over 55 years old and those with complex issues related to illness, disability or a mental health issue. There are approximately 70 community navigators employed through these contracts working across Kent. The services are accessed by contacting the providers directly or through a referral from another organisation. They help with following which can be in person or over the telephone:
 - identifying and planning support for people.
 - providing information about support in the local community.
 - how to manage money and benefits.
 - supporting people to live safely in their own home.
 - maintaining and adapting an individual’s home to their needs.
 - filling in forms.
 - going through an assessment process for housing or care.

- 3.5.4 This service is delivered by:
- East Kent Strategic Partnership led by Social Enterprise Kent (SEK) covering all of East Kent. SEK passports £287,103 to subcontracted providers to deliver the community service.
 - Involve Kent, covering West Kent: Sevenoaks, Tonbridge and Malling, Tunbridge Wells
 - Imago Community, covering Dartford, Gravesham, Swanley and Swale
- 3.5.5 The Community Navigation contracts have been extended to 31 March 2026.

3.6 Mental Health Wellbeing Services in the Community (only limited elements in scope)

- 3.6.1 This service supports adults living with or without a mental health diagnosis to prevent needs increasing and also provides support as part of a person's recovery journey. KCC commissions two strategic partners, Porchlight and Shaw Trust, to deliver these services, known as Live Well Kent and Medway. In 2024/25 6,486 people in Kent were supported by the service. The contract is up to March 2026, with permitted extension up to March 2028.
- 3.6.2 The annual contract value for 2025/2026 is £6.16million and contributions from partners were as follows:
- KCC's adult social care budget contribution is £1.33million for financial year 2025/2026.
 - Public Health contributes a total of £3.02million for financial year 2025/2026.
 - NHS Kent and Medway £1.49million.
 - Other sources including contributes £0.32million
- 3.6.3 Since the two contracts (one with Porchlight and one with Shaw Trust) went live in April 2023, there has been an Innovation Fund. The Innovation Fund offers short-term funding opportunities to work as part of the Live Well Kent and Medway service. The two strategic partners (Porchlight and Shaw Trust) subcontract with 22 providers. The subcontracted and non-subcontracted providers can utilise the Innovation Fund as a method to test out new approaches/interventions to support people's Mental Health and Wellbeing, evaluate these and then use the learning where possible to innovate the service. The Innovation Fund is managed by the strategic partners and regular updates are provided to KCC. In 2024/2025, 83 people accessed services that were funded by the Innovation Fund.
- 3.6.4 Here are some examples of how the fund has been used:
- Young People aged 17 to 25 and who identify as LGBTQIA+ - structured programmes of support to develop resilience, learn new skills and to enhance physical wellbeing
 - Spadework – Time to grow – 8 places funded for 8 weeks
 - Spadework – Woodwork for wellbeing – 8 places funded for 8 weeks
 - Tonbridge Youth Club – 10 places funded for the PRYSM Youth Group

- There are 11 support programmes which have recently begun or are open for people to be referred. These vary from Menopause Support Groups and a Live Well Shed Project to a Money Worries Workshop and a Self-Belief course.

3.6.5 Two other elements of these services are also in scope of the proposed changes:

- Back-office support: The Porchlight's central team function enables increased understanding about how people use and experience the 'Live Well Kent and Medway' services across the network. This function both reviews data and gains feedback directly from those accessing services to ensure continuous learning and improvement.
- Shaw Trust unallocated spend: Shaw Trust leaves an unallocated spend each year prior to contract variations so that changes to the delivery network can be informed by the evidence base of the local and emerging needs in each locality, enabling them to adjust the network and services delivered based on the needs of the local communities they serve.

3.6.6 Except as set out above, we are not proposing to make changes to the Mental Health Wellbeing Services in the Community.

3.7 Services not within scope of the proposals

3.7.1 KCC also arranges a range of other Wellbeing Services in the Community and Community Navigation services which would be unaffected by the proposals. Each of these is explained below.

3.7.2 The services not included are more specialised, supporting people with specific needs such as those with dementia, sensory needs, mental health needs, or physical disability, to minimise any deterioration of health or disability. Additionally, Community Navigation for Carers provides carers assessments, which are a statutory requirement in supporting unpaid carers in their role.

Wellbeing Services in the Community for people with dementia and their families

3.7.3 This service has a particular focus on supporting those with a dementia diagnosis and their families. The service provides dementia cafes for individuals living with dementia and their carers. Dementia peer support groups where individuals in the early to middle stages of their condition can meet and share experiences and offer mutual support and advice. Social opportunities and befriending services.

3.7.4 Alzheimer's and Dementia Support Services (ADSS) and Age UK Herne Bay and Whitstable are the lead providers of this service. 13,103 people were supported by the service in 2024/2025, and the annual contract value

£0.80million. The contract is up to March 2026 with a permitted extension up to March 2027.

Wellbeing Services in the Community for those with a physical disability

- 3.7.5 This service provides information, guidance and advice to disabled adults on a range of topics around independent living and all aspects of life with a disability.
- 3.7.6 The service is delivered by Disability Assist, a charity run by and for disabled people. The service had 19,894 interactions with people in 2024/2025 and the annual contract value £0.16million. The contract is up to March 2026 with permitted extension up to March 2027.

Wellbeing Services in the Community for adults with sensory impairments

- 3.7.7 These services support people who are aged 18 and over with a sensory impairment, such as people who are blind and/or deaf, including people that use British Sign Language (BSL), providing support with information and advice, equipment and training and rehabilitation.
- 3.7.8 Kent Association for the Blind (KAB) delivers this on behalf of KCC in partnership with Hi Kent and British Sign Language Community CIC (Community Interest Company). 22,834 people accessed these services in the 2024/2025 and the annual contract value £1.03million. Contract is up to 31 March 2026.

Mental Health Wellbeing Services in the Community

- 3.7.9 See above. With the exception of the Innovation Fund and other specific elements, these services would not be affected.

Community Navigation for carers

- 3.7.10 This support offer for carers seeks to help carers thrive in their caring role. This includes undertaking the statutory requirement for completing carers assessments to determine support needed and carer-specific navigation services to information, advice and guidance. 22,832 people accessed the service in 2024/2025 and the annual contract value £3.76million. The contract is up to March 2026 with procurement planned to start soon for new contracts to be in place from 1 April 2026.

4. Strategic objectives and development of the proposals

Strategic objectives and Prevention Framework

- 4.1 There have been significant developments in how adult social care provides prevention services, which prompted a strategic review of Wellbeing Services in the Community and Community Navigation. This review was also required due to the Community Navigation contact ending March 2026.

- 4.2 The following four strategic priorities were identified as part of our review and subsequently informed our development of the proposals:
- Removing elements of duplication within KCC's prevention approach and provision
 - Ensuring prevention services are more efficient, targeted and making best use of limited resources
 - Focusing on the areas and people with greatest need
 - Making savings to contribute to delivering a balanced budget for KCC

4.3 The overarching approach and longer-term ambitions set out in the Adult Social Care Prevention Framework are also relevant, as explained below.

4.4 Removing elements of duplication within the prevention approach and provision

4.4.1 The proposal aims to reduce duplication over where people go for information, advice and guidance.

4.4.2 Over recent years, KCC has extended its information, advice and guidance offer, leading to duplication between KCC's wider offer and Community Navigation. The areas where duplication exists are set out below. It is important to acknowledge that none of the services listed below is identical to Community Navigation, or provides an exact, like-for-like alternative. However, overall, there is now a significant element of duplication in terms of the offer available.

4.4.3 The duplication includes digital platforms already referenced in this report - Kent Connect to Support and Social Prescribing Platform – Joy. These digital platforms can be used by Kent residents and staff to access information, advice and guidance. Where people cannot utilise these digital tools, there is face to face support available as follows:

4.4.4 Adult Social Care Connect provides an initial contact point for people wanting to access care and support. This service is provided by Adult Social Care. Contact and support can be made via telephone, online or in person. They offer low-level intervention support such as providing information, advice, and guidance, proportionate assessments, and equipment.

4.4.5 In April 2024, work began on redesigning the Area Referral Management Service to align with our Make a Difference Everyday strategy. There are 24 local community teams across four hubs: North Kent, West Kent, Ashford & Canterbury, and Thanet & South Kent Coast. Each area has an ASC Connect team and a Safeguarding Hub.

4.4.6 Since the redesigned service went live from 7 October 2024 and up to May 2025 there were 17,860 contacts (to note these may not be individual people, as people could have made contact multiple times over this period) and there has been 8,902 proportionate assessments (carried out through a mix of

telephone conversations, in-person visits, and assessments undertaken at clinic appointments).

- 4.4.7 There is a focus on connecting people with support or guidance as quickly as possible on the basis of initial information submitted through their first contact or referral. This has allowed ASC Connect to support people and resolve almost 9% more initial enquiries and referrals without need for formal assessment. Under the Adult Social Care Connect model, Kent has seen a decrease in the proportion of initial contacts resulting in an assessment for long-term care of 4.6% compared to the comparable period the previous year. This equates to an average 120 fewer requests per month coming to community social work teams for Care Needs Assessments.
- 4.4.8 Since the establishment of Adult Social Care Connect in October 2024, a regular series of clinics have been established at different locations across the county to offer support, information, advice and guidance about what is available within their communities. As the service has become established, opportunities to embed further clinics at different settings are being progressed, with at least two further clinics being established from August 2025, which will further increase the capacity of the service, in addition to being able to access ASC Connect via online and telephone referral.
- 4.4.9 There are currently four weekly clinic sessions provided by Social Care Connect. The current clinics are in Ashford and Canterbury and Thanet and South Kent Coast, and two additional clinics from August are in North Kent (Gravesend Civic Centre and New Ash Green). Options being explored for West Kent, two locations were tested in Spring 2025 (Tunbridge Wells and Maidstone), however these were not utilised and paused as other locations are being considered. The current clinics have capacity to see up to ten people per session and run for 48 weeks of the year. Currently, therefore, 1,920 people per year can access this face-to-face support. It is assessed that this is new capacity as the clinics are not being utilised with very low utilisation levels.
- 4.4.10 Adult Social Care Connect maintains information about different kinds of service, facilities or resources that can be preventative and can help people live well and maintain their independence or caring roles for longer. Through these services and that of our partners, such as district councils, people are enabled to access relevant services. The team use the Connect to Support platform and [ReferKent](#). It is an online referrals platform with over 300 organisations, team's groups and services. It aims to strengthen referrals across Kent for adults and families and allows organisations to refer directly.
- 4.4.11 Adult Social Care Connect service has been redesigned to work differently and utilising technology, which will help the team to respond to increased demand and therefore increased staffing is not planned to respond to potential increased demand as a result of these proposals.
- 4.4.12 There are also Kent Enablement Services drop-in sessions. This free service provides weekly face to face sessions in key locations across Kent helping

people with accessing information and advice, help with letters, bills, finding groups and activities, college and education courses, paid and voluntary employment, information about keeping safe, housing, wellbeing, benefits and help with making phone calls. This service provides eight weekly sessions across the county, there is capacity to support two people per session (allowing up to an hour per person), there is capacity to support up to 763 people in the year through the helpdesks (taking into account bank holidays, 48 weeks operational). In areas where helpdesks are not available (Maidstone, Tunbridge Wells) appointments can be made at the person's home or a safe community space. The service monitors demand and can increase/decrease the drop-in sessions where required. From September 2024 to April 2025 the service supported 356 people via these clinics. Using these figures, it is estimated that the service would have supported 547 people in the year and has capacity to support 763 people, therefore additional capacity to support 215 people.

- 4.4.13 These developments are in addition to what partners provide: Social Prescribing (there are 114 social prescribing workers in Kent); Community Wardens in 2024/2025 supported 2,000 people on a one-to-one basis and 6,000 people via groups and activities; and Positive Wellbeing can support an average of 304 people per year, all these services are structured to provide support across the County.
- 4.4.14 There are three Market Development Officers within Kent Adult Social Care Commissioning. The postholders work with communities to understand the local needs profile and to identify, encourage and support those interested in identifying, nurturing and setting up compliant micro enterprises that support and deliver the care needs of Kent residents and support KCC's Commissioning Intentions for Adult Social Care. This can include groups and activities.
- 4.4.15 The Wellbeing Services in the Community and Community Navigation contracts commenced 2019 and 2020, before the developments outlined above were initiated. All the services have an initial contact point via telephone or email. People can make contact themselves or be referred.
- 4.4.16 There is also some duplication between Community Navigation and some of the other commissioned services, for example people over the age of 55 living with a disability can also access information, advice and guidance from the service that is commissioned with Disability Assist. Or if someone is living with dementia, they can access support from the Alzheimer's and Dementia Support Services (ADSS).

4.5 Ensuring prevention services are more efficient, targeted and making best use of limited resources

- 4.5.1 It is important to ensure KCC is making best use of its limited resources, which means targeting services where they have the greatest and most immediate impact.

- 4.5.2 The Wellbeing Services in the Community for older people and dementia assess people's level of need and provide support based this. The levels of need are as follows:
- Low level - promoting wellbeing - supporting and encouraging a person to look after their health and wellbeing. This level of service is for those who are able to live independently. Currently around 58% of people supported by the Wellbeing Service in the Community service for older people are assessed as needing lower-level support, e.g. information, advice and guidance, such as where to go to join a local interest group.
 - Medium level - promoting independence - short-term support so that the person is able to carry on with their life as independently as possible. This level of service is for those who need a bit of help and support to live independently, e.g. attending a group activity with someone so they feel supported and can build confidence. Currently around 34% of people supported by the Wellbeing Service in the Community are assessed as having 'medium level' needs.
 - High level - supporting independence - for those requiring ongoing social care support, helping them to live independently, do as much as they can for themselves and in their own homes where possible. This level of service is for those who need regular help and support to live independently. Currently around 8% of people supported by the Wellbeing Service in the Community are assessed as having 'high level' needs e.g. help to arrange transport and attending a group activity with someone so they feel supported and can build confidence.
- 4.5.3 People assessed as needing medium to higher levels have the greatest levels of need and without the right support are more likely to develop greater needs, and to need support or more support from social care, more quickly than those with lower-level needs. This is reflected in the proposed changes to the Community Wellbeing for older people contracts. This is not to say that prevention is ineffective or unimportant in respect of individuals with lower needs. KCC (and partners) will continue to deliver and arrange for preventative activity for such individuals. However, our review looked at how to focus limited resources in a more targeted, efficient way.

4.6 Focus on the areas and people with greatest need

- 4.6.1 When setting up the Wellbeing and Community Navigation contracts, the focus was on whole population, providing preventative support to people across the county with different levels of need. This approach was taken to support as many people as possible. However, since these contracts started the support offer has developed and there needs to be a focus and response to individual needs and those of diverse communities, areas of deprivation and consider issues such as access to transport. The proposals will ensure that the commissioned services are targeted based on performance information, equality data and insights from communities and partners.
- 4.6.2 The draft Adult Social Care Prevention Framework was informed by understanding current and future demand modelling. We can see from our

Kent data, that on average, people who live in areas of greater deprivation, draw on care and support more than people who live in less deprived areas of Kent.

- 4.6.3 The Live Well proposal was developed to help towards the financial position of the council but in areas that were felt to have less impact on people accessing the service and the services currently available.

4.7 Making savings to contribute to delivering a balanced budget for KCC

- 4.7.1 Adult Social care will need to deliver total savings and income of £63.1m in 2025-26 (8.9% of 2025-2026 net budget). This savings/income requirement arises from a combination of under delivery of savings in 2024-2025 and those needed to balance the difference between spending growth and additional funding from central government and local taxation in 2025-2026.
- 4.7.2 The Council's updated strategic plan 'Securing Kent's Future – Budget Recovery Strategy' (SKF), approved by Cabinet and County Council in autumn 2023, recognises that in recent years the council has put significantly more into social care budgets than it has received through the adult social care council tax levy and the grants from government. KCC funding remains insufficient to fully cover the costs of spending growth, and the budget can only be balanced through a combination of spending reductions from savings plans, income generation and/or use of Council reserves. The Council has a statutory duty to set a balanced budget and must comply with Best Value duty for continuous improvement in the way its functions are exercised, having regard to a combination of economy, efficiency and effectiveness, whilst fulfilling all statutory requirements including those for adult social care services.
- 4.7.3 The 2024-2025 outturn reported to Cabinet on 22 July 2025 with a net revenue overspend of £20.2m, of which there was a £46.4m overspend in the Adult Social Care and Health Directorate which is partially offset by underspends in other parts of the Council. Approximately 40% of the ASCH overspend relates to non-delivery of savings, however much of this has been identified as achievable in future years. The remainder is largely driven by increases in costs (both complexity and inflationary) to deliver social care placements from providers. This continues to be the case despite the increase in the number of people supported remaining relatively modest.
- 4.7.4 The approved revenue budget for 2025-2026 includes £207.2m (14.5% of 2024-2025 approved budget) of forecast spending growth (£150.3m core funded, £56.9m externally funded, including a small internal adjustment between core and external). Funding is increasing by £101.8m (7.1%), the £105.4m difference (£48.5m core funded, £56.9m externally funded) is balanced from savings and income and changes in reserves contributions and drawdowns.
- 4.7.5 The net growth in the adult social care budget exceeds the available resources from specific sources (2% adult social care council tax levy and all

of the additional funding from central government through social care grant) as well as pro rata share of general resources, reflecting the Council's commitment to prioritise adult social care. Nonetheless, this net growth still requires adult social care to deliver £38.0m of additional savings from the full year effect of current plans and new savings plans and £6.2m of additional income from clients and partner organisations. Furthermore, unachieved savings of £18.9m from current year (2024-25) will also need to be achieved in 2025-2026 as well as these additional savings and income to balance adult social care 2025-2026 budget. The proposed savings from changes to Wellbeing Services in the Community are part of the package of savings necessary to achieve a balanced budget within the 2025-2026 and 2026-2027.

4.8 Adult Social Care Prevention Framework

4.8 As well as the immediate strategic objectives which informed officers' review of Community Wellbeing and Community Navigation, decision-makers should also have regard to KCC's overarching approach and longer-term (2025-2035) ambition, as set out in the Adult Social Care Prevention Framework (assuming a decision is taken to adopt it). This is built on five approaches to prevention. With regard to each of these approaches, decision-makers should have regard to the fact that:

- The principle of prevention first recognises the importance of prevention in tackling challenges, including via community-based support, and information, advice and guidance, before individuals develop needs which must be met via the formal social care 'system'. KCC remains committed to a prevention-first approach. The proposals have been designed so as to mitigate adverse impacts wherever possible, and the services outside the scope of the proposal will continue unaffected. Where the proposals would involve a reduction in provision, this is in response to KCC's other strategic objectives, including the need to remove duplication, make efficient use of resources and deliver a balanced budget.
- The proposed changes to Wellbeing Services in the Community and Community Navigation reflect the commitment in the proposed Adult Social Care Prevention Framework to providing focused support. As above, the proposed changes have been informed by the objectives of removing duplication and ensuring services are targeted and focused on areas of greatest need. As part of its work with providers to develop new contracts, officers would ensure that the commissioned services are targeted, taking into account deprivation, diversity, and transport issues, and based on a data-informed approach. The Prevention Framework has been informed by work to understand current and future demand for preventative support (as set out in the Supporting Information accompanying the Framework) and notes that the Kent population of older people is expected to rise by 28% in the next decade, resulting in a dramatic surge in care needs, particularly in coastal areas with higher older populations. The Adult Social Care Prevention Framework also refers to potential increases in demand for social care support arising

from those with long-term conditions (including dementia) and mental health needs. The Adult Social Care Prevention Framework explains that, while KCC's current focus must be on those closest to needing care and support, over time, as we manage our demand, we will need to shift more resources towards primary prevention, to improve health and well-being outcomes, manage future demand and secure financial sustainability.

- KCC remains committed to a prevention first approach, while also responding to other strategic objectives, including the need to remove duplication, make efficient use of resources, and deliver a balanced budget; and the proposals would involve ensuring that commissioned services are targeted at the areas and populations that need them most.
- Within the draft Adult Social Care Prevention Framework, it is recognised that the Voluntary, Community and Social Enterprise Sector are a vital partner for delivering prevention that is truly rooted in local needs and communities and therefore play a key role in improving health and wellbeing outcomes for the population. These organisations are often closest to our communities, with deep understanding, trust and connections that can support people to live more fulfilled, healthy and independent lives. It is essential that stronger partnerships are formed to support the delivery of the prevention framework. The proposed changes would continue to involve close partnership working, including with VCSE organisations. Adverse impacts on partners (and in some cases their employees) would be mitigated as far as possible, as explained elsewhere in this report. The proposals would also ensure the way the Wellbeing Services are commissioned and delivered is consistent across the services and ensure robust contract management.
- The proposed changes are based on principles of inclusion and equity. As above, the proposals would ensure that services are targeted at areas and populations that need them the most, including people living in socio-economically deprived areas, and take account of the barriers that some groups face in accessing support.
- Officers intend to closely monitor the impact of the proposed changes. Furthermore, under the heading "*Measuring and evidencing impact*", the draft Prevention Framework recognises that KCC's approach should make the most efficient use of resources. As above, this is a key objective of the current proposals.
- The Adult Social Care Prevention Framework will be supported by a detailed co-designed Delivery Plan, which will build on and strengthen existing work alongside new actions and work programmes. The Delivery Plan will be supported by appropriate internal structures and governance, to ensure actions are delivered against and prevention is embedded in all that we do and align with other existing documents and workstreams.

5. Options considered

5.1 Before identifying the proposal presented in the consultation, a number of other options were considered which are outlined below.

5.2 The proposals were tested with providers in scope of the consultation. KCC initially proposed an option which was to stop funding Community Navigation completely and reduce Wellbeing in the Community for 55+ to only supporting people assessed as needing medium to higher levels of support. However, the providers considered that Community Navigation underpins the delivery of community prevention services and supports people who are some of the most vulnerable and socially isolated in our communities (people assessed as needing medium to high levels of support). Therefore, the providers felt that KCC's proposals should incorporate elements of Community Navigation into the redesigned Wellbeing Services in the Community within the proposed reduced funding.

5.3 Options considered pre-consultation:

- **Maximise potential savings by ending KCC's investment in all Wellbeing Services in the Community and Community Navigation contracts.** This could achieve a total annual saving: £8.74million (24/25). This option was not taken forward to consultation because ending all Wellbeing Services in the Community and Community Navigation without an alternative approach and support would have a significant negative impact and increase the risk of more people needing social care more quickly. This would also require KCC to consider how to fulfil its statutory responsibility for carers as the commissioned services undertakes carers' assessments.
- **To stop funding the Community Navigation Contracts completely and reduce funding for the Wellbeing Services in the Community that support people 55+, to only support people assessed as needing medium to higher levels of support. And stop the Innovation Fund, back-office support and remove the unallocated spend of the Shaw Trust.** This could achieve an annual total of £3.45million in savings. This option was not taken forward to consultation following discussions with providers, as explained above.
- **Do nothing.** This option was not taken forward as this would not achieve the strategic objectives.

6. Proposed changes to Wellbeing Services in the Community and Community Navigation

6.1 KCC developed, and subsequently consulted on, the following proposals:

- **Cease to commission the Community Navigation services for older people (55+) delivered by Involve Kent, Imago Community and SEK.**

As explained above, this contract is where there is most duplication with other information, advice and guidance support. However, working with providers on proposals it was felt that Community

Navigation was important for people with greatest levels of need, therefore the proposal is to maintain Community Navigation within the Wellbeing Service and focus on people with greatest levels of need. The contract is due to end on 31 March 2026, three months' notice can be given to end this contract. Notice will be given once the decision has been taken, if the decision is taken by the end of September, the contract will end in December (three months' notice).

- **Redesign Wellbeing Services in the Community for older people (55+) delivered by SEK, Involve Kent and Imago Community.** This would be achieved by varying each of the three contracts. Work on this would start as soon as any decision has been taken, involving discussions with providers on the design and key performance indicators of the services, to be implemented three months after the decision. We would also align the Wellbeing contracts with the three providers to end at the same time, because at present the SEK and Involve Wellbeing contracts up to March 2026, and the Imago contract allows for extension up to 31 March 2027. The contract variation would take all three contracts up to 31 March 2027.

6.2 In summary, the proposed changes to the contracts would mean that the service will:

- Become more targeted and focus on people needing medium to higher level support. Support for people assessed as having lower-level needs would stop. However, people would still be able to contact the services, which would maintain an initial contact point where they would be triaged, signposted and connected with support and services that may or may not be funded by KCC.
- Focuses on areas of greatest need by considering needs of the communities such as areas of deprivation, diversity, transport issues and where there are fewer alternative groups and activities. This will be done by using data and insights gathered from Kent residents, these insights will include where there are gaps within communities and barriers to accessing services. Using this information the Wellbeing Contract will be varied to respond to these points and will need to be flexible during the lifetime of the contract to adjust to changing needs of communities.
- Provide wellbeing groups and activities for people assessed as needing medium to higher levels of need.
- It is estimated that the service would have capacity to support up to 7,721 of the total number supported in 2024/2025 (26,525) through accessing the Wellbeing and Navigation service. This takes account of the fact that the ICB will no longer be contributing towards the service.
- Provide Community Navigation for people assessed as needing medium to higher levels of support. Offering similar service currently provided by Community Navigation which includes financial advice, benefits maximisation, housing support, befriending and peer support. Trusted assessor for equipment but only with a focus on people needing medium to higher levels of support.
- To maintain community roles undertaking home and community visits.
- The services would cover the following areas
 - SEK – Thanet and the South Kent Coast

- Imago Community – Canterbury, Ashford and Swale.
- Involve Kent – West Kent, Dartford, Gravesham and Swanley

6.3 This would be a change for SEK and Imago for the Community Navigation element as under the Community Navigation contract SEK currently covers all of East Kent and Imago covered Dartford, Gravesham, Swanley and Swale.

- **Mental Health Wellbeing Services in the Community (Live Well Kent and Medway) - delivered by Porchlight and Shaw Trust.**
The proposal is to undertake a contract modification to each provider's contract, removing the requirement to deliver the Innovation fund. The Innovation Fund and back-office support is within the total annual contract value. The contract modification will happen if the recommendations in this report are adopted. There would also be the removal of Shaw Trust unallocated spend.

7. Anticipated Impacts of the Proposal

7.1 As part of our pre-consultation analysis we undertook detailed work to understand the potential impacts of the proposals. After reviewing the consultation responses, officers consider that our pre-consultation analysis of the potential impacts and mitigations remains robust.

7.2 Providers were asked to consider the impact of the proposals, thinking about the capacity they would have to support people with medium to higher levels of need, supporting with Navigation and Wellbeing. Providers considered the number of people that could be supported in alternative ways such as information, advice and guidance, this could be where an individual still contacts the provider and is connected with alternative groups/activities or where people will use other Information, Advice and Guidance platforms to seek support. Providers then considered the potential number that would come to KCC social care for support. The modelling used for the consultation has been updated with 2024/2025 data and takes account of the fact that the ICB will no longer be contributing towards the service.

7.3 If the ICB continued to contribute towards the service this will mean that SEK would have further capacity to support 292 people and Imago would have further capacity to support 3,241 people.

7.4 The table below sets out the modelling:

	Number of people supported 2024/2025	Capacity to support if proposals go ahead supporting people with medium to higher levels of need	People that could be supported by alternative support such as information, advice and guidance	Potential number that could come to social care. Of these 20% could progress for an assessment as outlined in section 7.4
Wellbeing	14,375	3,987	6,504	3,885
Community navigation	12,150	3,735	1,662	6,753
Total	26,525	7,721	8,166	10,638

7.5 Using the 2024/2025 data it is estimated that 18,804 people could be impacted by the proposal. Of these, providers estimated that 10,638 could contact social care. Of these, 41% would have already made contact with social care before being referred to the wellbeing and navigation contract. Therefore, if the proposals are implemented, instead of referring the 41% to Community Wellbeing and Navigation, adult social care will provide the information and connect people with the necessary services. Using professional knowledge and experience officers assess that, of the estimated number that will make contact with social care, (10,638), 20% (1,262) would progress to further support such as an assessment. It is anticipated that of the 20%, that 1-10% of people may require formal care and support from KCC.

7.6 The estimated cost implication on the social care budget could range between £17,000 to £166,000 (full year costs). This is based on modelling of the scale of the anticipated increased demand for the Adult Social Care Connect Service, and for social care assessments, as a result of implementing the proposals.

7.7 According to the Equality Impact Assessment data, around 57% of people supported by Community Navigation have a long-term health condition. Community Navigation often guides individuals through complex healthcare systems, assisting with scheduling appointments, providing reassurances, and accessing treatment. Community Navigation can help improve the person’s ability to manage their health and care needs. Therefore, there is a risk that the proposal could have an impact on people’s health and wellbeing. Engagement with providers before the consultation explored this risk and the proposal that went out for consultation was to include Community Navigation in a redesigned Wellbeing Service for people assessed as needing medium to higher levels of need, in order to reduce the impact of this proposal.

7.8 When developing the proposals, the lead organisations (SEK, Involve Kent, Imago Community, Live Well Kent and Medway) said that the reduction in

funding will have an impact on their services and a reduction in funding to some subcontracted organisations (further details in Appendix 5), which could result in some subcontracted organisations no longer being sustainable. Decision makers need to be aware of the potential adverse impacts on some subcontracted organisations (including the possibility that some may no longer be sustainable). It has been identified that there are several alternative funding sources and support options available to help Voluntary, Community, and Social Enterprise (VCSE) organisations:

- Kent Community Foundation <https://kentcf.org.uk/infrastructure-support-fund>
- Kent Crowdfunding is another way of accessing funding take forward ideas in a local area [CrowdFund Kent - Home \(spacehive.com\)](http://CrowdFund Kent - Home (spacehive.com))
- KCC maintains and sends out information on national, regional and local sources of funding and grants [Inside Track newsletter - Kent County Council](#)

- 7.9 If this proposal is implemented there will be an impact on staffing within both lead and subcontracted organisations. Lead providers are actively collaborating with subcontracted organisations to explore ways to continue working together and minimise potential staffing impact where possible. Appendix 5 provides an overview of the potential impact based on information provided by the providers as part of pre-consultation engagement. However, there is some inherent uncertainty about staffing implications as KCC will need to undertake work with the lead providers to implement the proposed decision, including on the relevant contractual provisions and KPIs, which will inform providers' staffing decisions. This will include detailed work on any possible TUPE implications. Further detailed work on implementing the decision will be needed before any such implications can be fully understood. Officers note that in principle this could give rise to financial implications for the Council but again whether or not they arise, and the level any potential cost or liability, is at present inherently uncertain before detailed work on implementation begins.
- 7.10 There were also concerns raised about the impact on volunteers as they play a key part in providing these services. If proposals are implemented, we shall work with providers to see how volunteers can continue or support with connecting with other volunteer opportunities.
- 7.11 The proposal will reduce the number of group activities, such as nature walks, exercise classes, lunch groups, coffee meetups, art sessions, and games held in community venues and currently provided via the Community Wellbeing service for older people. Remaining groups will focus more on individuals needing medium to higher levels of support. Therefore, this could reduce opportunities for people to connect with others and impact on their health and wellbeing. However, as outlined earlier in this report there are groups, activities and support provided outside of these contracts, both by KCC and others, that people can access, and the proposed changes have been designed to achieve the strategic objectives explained above.

7.12 Core services offered by Live Well Kent and Medway would remain unaffected. However, the Innovation Fund, which finances time-limited projects, will no longer be available for new initiatives which could impact on ensuring services in the future are responsive to community and individual needs. The proposal is to reduce the central team function which currently enables increased understanding about how people use and experience the Live Well Kent and Medway services across the network. This function both reviews data as well as gains feedback directly from those using services to ensure continuous learning and improvement. Therefore, this proposal will reduce the ability to gain these insights. Removing the unallocated spend would reduce the ability for Shaw Trust to flexibly adjust the network of support services based on the needs of the local communities which is usually done prior to contract variations and allows them to be more responsive.

8. Consultation Process

8.1 KCC undertook a public consultation from 26 November 2024 to 27 January 2025. The consultation was hosted on KCC's [Let's talk Kent](#) website, with hard copies and support available for those who could not participate online.

8.2 Easy read versions of the consultation document and questionnaire were available at the outset, alongside a British Sign Language translation of the webpage. Posters to promote the consultation were displayed in libraries, gateways and within venues which provide wellbeing activities.

8.3 Prior to the consultation there was engagement with the providers in scope of the proposal and regular meetings during the consultation.

8.4 There were 14 face-to-face drop-in sessions during December 2024 and January 2025 across the county. Based on feedback an additional face-to-face drop-in session was added in January 2025 in Deal. The face-to-face drop-in sessions engaged with 59 people. In addition, officers attended 9 groups and activities hosted by the organisations within scope of the consultation.

8.5 In advance of the consultation, a meeting (21 October 2024) was held with the Adult Social Care People's Panel, whose members include people from the Older Peoples' Forums, Mental Health User Voice and the Kent Physical Disability Forum as well as Healthwatch Kent volunteers, to share the proposals. There was a follow up meeting with the Adult Social Care People's Panel post consultation (6 February 2025) to discuss some of the early insights from the consultation.

8.6 The consultation was promoted to 3,063 people/organisations via our Adult Social Care networks. And an email was sent to those registered with Let's talk Kent who had expressed an interest in being kept informed of consultations about 'adult social care' and 'public health and wellbeing' (7,155 people).

8.7 There was promotion on social media (organic and paid advertisements). A promotional banner on the kent.gov.uk homepage for part of the consultation period. There were articles in KCC's residents' e-newsletter.

8.8 Regular monitoring throughout the consultation allowed officers to consider if targeted communications and engagement was needed and if FAQs needed to be updated.

9. Overview of consultation responses

9.1 There were 1,376 responses to the consultation. The consultation report (Appendix 1) contains a full analysis of consultation feedback.

9.2 79% of consultees responded as people supported by Wellbeing Services in the Community (including Community Navigation) and 11% as Kent residents who do not use wellbeing services. 2% of respondents were partner agencies (e.g. health services or service providers). 5% of responses were submitted on behalf of VCSE organisations. 54% of consultees said they, or the person they were responding on behalf of, access Community Wellbeing services, 44% Community Navigation and 11% Mental Health Community and Wellbeing services.

9.3 The below breakdown shows the extent to which respondents agree or disagree with the proposal:

- Of 1,070 consultees expressing a view on the proposals regarding the Mental Health Community and Wellbeing Service (Live Well Kent), 6% agreed, 80% disagreed, 8% neither agreed nor disagreed, and 6% said they didn't know. Strength of disagreement was high, with 65% of those expressing a view strongly disagreeing. There were slightly higher levels of agreement among Kent residents (15%) and partner agencies (17%).
- Of 1,253 consultees expressing a view on the proposals for the Community Navigation Service, 4% agreed, 92% disagreed, 2% neither agreed nor disagreed, and 3% said they didn't know. Strength of disagreement was high, with 84% of those expressing a view strongly disagreeing. There were slightly higher levels of agreement among Kent residents (10%).
- Of 1,217 consultees expressing a view on the proposals for Wellbeing Services in the Community, 17% agreed, 77% disagreed, 8% neither agreed nor disagreed, and 6% said they didn't know. Strength of disagreement was high, with 65% of those expressing a view strongly disagreeing. There were slightly higher levels of agreement among Kent residents (36%) and those responding on behalf of VCSE organisations (22%).

- 9.4 81% of consultees said they believed the proposals would have a large effect on them or the individual, group or community they represent (with 12% saying there would be a moderate effect, 3% a minor effect, and 2% no effect). When given the opportunity to comment on what effect they believed the proposals would have, the most common themes included the following:
- The proposals are short-sighted as they would impact the longer-term mental health and wellbeing of people / users (21% of those responding).
 - The proposals would contribute to isolation / feeling alone (18%).
 - The importance of socialising / making friends / having contact with others should not be underestimated (17%).
 - The proposals would cause a reduction in services and/or fewer people receiving the support they need (15%).
 - The support received from the services in scope of the proposals is a lifeline and people would not know what to do if the services were unavailable (14%).
 - The proposals are somewhat short-sighted as these are important preventive services and the proposals would add strain to other services (13%).
 - The proposals would mean that people would miss out on accessing advice on important issues including housing benefit (12%).
- 9.5 Consultees raised similar themes when asked to provide open-ended comments on the proposals. 17% of consultees responding to this question raised points about Community Navigation specifically, stating that it was crucial or a 'backbone', without which many vulnerable people would be without support.
- 9.6 When asked about alternative ways to receive support if the services no longer proposed to be funded were unavailable, 25% of consultees providing a response said they would have no alternative, 27% said they were not sure, 17% mentioned social services, and 14% mentioned their GP.
- 9.7 Consultees were also asked to comment on alternatives to KCC's proposals. Most responses raised concerns about or objections to the proposals, rather than proposing alternative ideas. Some consultees (8% of those answering the question) suggested KCC could cut waste and/or reduce salaries. Some consultees (4%) said that KCC should make sure people know what is available if the changes are made. Other suggestions included enhanced collaboration and community partnerships (3%), providing greater support to charities, churches and volunteers (2%), supporting local initiatives (1%), charging or means testing (1%), asking Central Government for funding (1%), and leveraging digital solutions (1%).
- 9.8 Consultees were asked to indicate the specific services they have accessed in their own words. A range of services have been accessed by those answering. The most common are benefit / financial services (22%), Community Navigation (22%), exercise / sports groups / classes (17%), Age UK services (12%), Wellbeing services (11%) and Connect Well services (11%).

10. Evaluation of consultation feedback

- 10.1 Officers have carefully considered consultees' views and have produced a draft response to consultation feedback which is enclosed as Appendix 2. The vast majority of responses to the consultation were against the proposal with high levels of disagreement.
- 10.2 The consultation identified a number of emerging themes and possible alternative options which have been considered in Appendix 3.
- 10.3 There has been careful consideration of the responses and post consultation analysis of the risks, summarised below.

- **Concerns raised over people with lower level of needs no longer being supported and moving quickly into medium to higher levels of support.**

Using the 2024/25 data it is estimated that 18,804 people could be impacted by the proposal and will need to be supported by alternative services which have been identified in this report. The focus of the proposal is for a targeted approach, by focusing the support on people with medium to higher levels of need, as without the right levels of support could require social care in the immediate future.

Reflecting on the outcomes from the consultation there will need to be clear communication about what information, advice and guidance is available and this has highlighted the need for a campaign, which is now being planned and will be implemented regardless of the decision. The campaign will help people particularly those with low level needs to know where they can get help and reduce the risk of their needs progressing to medium and higher levels of need.

- **Community Navigation** was highlighted as very important to people during the consultation, in particular people valuing how Navigation helps them with knowing what benefits they are entitled to or support with claiming benefits, form filling, blue badge applications, and debt management.

- 10.4 In advance of the consultation, when working with providers on the proposals, it was identified that Community Navigation is essential, therefore the proposal was developed to include Community Navigation within the Wellbeing Service for people assessed as needing medium to higher levels of support (3,735 people). To help people, particularly those that are assessed as needing lower levels of support, there are a range of alternative services which has been referenced in this report. To make these mitigations stronger, we have identified the need to clearly set out for people where they can go for information, advice and guidance and clarity over the different community roles. This will be addressed through a public campaign.
- 10.5 Officers have undertaken further analysis of the level of duplication in the system following the consultation. Similar levels of support will be available for individuals with low needs currently supported through Community Navigation. It was estimated by providers that 1,662 people could be supported by alternative information, advice and guidance this includes

digital platforms and the initial contact points with each provider. Providers estimated that 6,753 people that would have been supported by Community Navigation could come to social care. It is assessed that the following services have capacity for in person support:

- Social Care Connect has capacity to support 1,920 (face to face via clinics). This is assessed as new capacity as the current utilisation levels are very low.
- Kent Enablement Services helpdesk has capacity to support 763 (face to face) people a year. Based on current activity it is estimated that the service is supporting 547 people, therefore the additional capacity available to support people impacted by these proposals is 215.

10.6 It is estimated that between Social Care Connect clinics and Kent Enablement Service helpdesk there is additional capacity to support 2,135 people. These are for in person support and will be closely monitored and could increase capacity with demand.

10.7 Therefore, of the total number of people that could need to make contact with social care (6,753) there is an estimated capacity for 2,135 people to access in person support (this can increase if there is demand), the remaining 4,618 people potentially impacted could be supported by:

- Adult Social Care Connect telephone support., however, to deal with all the demand the service may need to use a waiting list.
- There is unlimited support available via digital platforms.

10.8 It is assessed that through the in person, telephone and online support there is capacity to provide information, advice and guidance to people that could be impacted by the proposals.

10.9 **Concerns over the impact on social care and the wider system (health, district councils).**

10.9.1 Using the 2024/25 data it is estimated that 18,804 people could be impacted by the proposal. Of these providers estimated that 10,638 would make contact with social care, of these 41% would have already made contact with social before being referred to the wellbeing and navigation contract. Therefore, if proposals are implemented, instead of referring the 41% to Community Wellbeing and Navigation, Adult Social Care Connect will provide the information and connect people with the necessary services. It has been assessed that of the estimated number that will make contact with social care (10,638), 20% (1,262) would progress to further support such as an assessment. It is anticipated that of the 20%, that 1-10% of people may require formal care and support from KCC.

10.9.2 If the proposals are implemented, it will require a change in practice and culture for Adult Social Care teams, so that they provide the initial information, advice and guidance and only refer to the Wellbeing services if the individual is assessed as needing the medium to higher level of support. This is in keeping with the development of wider ways of working across the

directorate, particularly within the Adult Social Care Connect service, where practitioners are encouraged to consider all available information and community-based support resources that will help a person regain, maintain and build independence. This shift will also improve people's experience by getting access to timely information and support from their contact with Adult Social Care.

10.9.3 Consultees were asked to consider the alternatives possible if services were stopped, around 14% referenced GPs as an alternative. Therefore, the proposals could increase the contact with GPs/health partners and district councils if people do not know where they can access support. This highlights the need for the planned information, advice and guidance campaign that will set out how and where people can access support.

10.9.4 If the proposals are implemented, communication with partners will be key, setting the changes and what alternative support is available.

10.9.5 The potential increased demand on social care has been modelled and the impact is set out in Section 7 above. However, it is difficult to quantify what the impacts could be on partners such as health and district councils, mitigations have been identified to reduce the impact. Decision makers will need to consider this when taking the decision.

10.10 **Concerns over the reduction of Wellbeing Services such as groups and activities.**

10.10.1 During 2024/2025 the Wellbeing Services supported 14,375 people, through the proposal the Wellbeing Services will only support people with medium to higher levels of need (3,987 people medium to high levels of need). Providers estimated that 6,504 people could be supported by alternative groups and activities provided outside of these services and that 3,885 people could contact social care via the initial contact point – Adult Social Care Connect, of these 20% may require an assessment and of that between 1-10% of may require formal care and support from KCC. Those who make contact with social care and are not eligible for formal support will be connected with alternative groups and activities.

10.10.2 It is not possible to provide an exhaustive list of alternative groups and activities, and to assess whether in every case an alternative group or activity will be available to every individual. However, officers have carefully considered which groups and activities could potentially stop under these proposals across Kent and what alternatives are available that are relevant to older people. The alternative groups and activities considered physical wellbeing and connection through social groups such as reading groups. From this assessment it has been identified that there is a broad range of activities available outside of the contract across Kent. However, in a small number of specific localities within districts there are fewer alternative groups and activities or individuals may need travel to access a suitable alternative. However, the proposal is not to end particular groups and activities; it is that the lead partners would receive less funding and therefore focus on

supporting people with medium to higher levels of support. When Officers were engaging people as part of the consultation, some suggestions were that groups and activities could review the funding model, looking at potentially increasing costs to individuals in order to maintain some groups and activities for people with lower levels of need. It is therefore considered likely that some of the groups and activities which are potentially affected will continue. As part of the mapping exercise, Officers have also considered travel options that can be communicated to people when considering alternative groups and activities (see further below).

10.10.3 Signposting to alternative groups and activities will continue to be provided via the Wellbeing services, and via the alternative sources of information and advice outlined in this report.

10.10.4 To access alternative groups and activities, this may require people to have access to transport, where with current service offer, they may not need to travel. This was raised as a concern during the consultation. This could have a particular impact on older people or people with disabilities which has also been considered within the EQIA. The concerns around transport have been considered following the consultation. If transport is identified as a barrier, social care teams use the [KCC transport scheme](#), which provides information on locally run and managed transport schemes across Kent. Through the scheme there is encouragement and grants for parishes, charities, and community groups can to set up [community transport schemes](#). Social Care teams also have a list of transport providers for health-related travel, such as appointments, hospital discharge. There is also the Kent Karrier, which is a dial-a-ride service operating across Kent. Drivers can collect people from home and take them to a location, such as a supermarket, town centre or hospital, for a small fee. To access this service, people must have one or more of the following:

- Have a medical condition that makes travelling on public transport difficult, or
- Live in a rural area more than 500 metres from a bus route or railway station, or
- Aged 85 or over.

10.10.5 In advance of the consultation officers worked with providers to understand the groups and activities that could stop. The information received from providers is attached in appendix 6. The lead partners work with subcontracted providers to set up groups and activities, which may change during the lifetime of the contract to meet the objectives of the contract. As above, it is therefore not possible to predict with certainty exactly which activities and groups may cease to be provided if the proposals are implemented. Additionally, some of the groups and activities receive funding from other sources. If proposals are implemented the lead partners will work with subcontracted providers to prioritise groups and activities and this would be reflected in the varied Wellbeing contract.

10.11 Concerns over the impact on older people and support required.

10.11.1 We acknowledge that the over 55 population is significant in Kent and rising rapidly and that keeping people well for longer will reduce need for adult social care in the future. We understand that older people want opportunities to be social as well as to improve physical and mental health and to better connect older people to each other and local things to do in their neighbourhoods.

10.11.2 A range of alternatives/mitigations for people over 55 will be put in place, including:

- Ensuring that there is face to face information, advice and guidance support available and not just digital.
- As part of digital Kent providing support to people to build digital confidence.
- We build increased awareness of the groups and activities provided outside of these contracts and try to address barriers such as transport.
- An action that was underway prior to the consultation, was for Public Health to design and recruit an Ageing Well Communities role. The post holder started in July 2025 and will lead projects which will enable older people to stay living in their homes, participate in activities they value and contribute to their communities for as long as possible. The postholder will use feedback during the consultation to inform the work programme.

11. Additional mitigations following consultation

11.1 Following analysis of the consultation responses, consideration has been given to further mitigations. One of the themes that emerged was that there is confusion over where people get support. Therefore, an additional mitigation in light of the consultation is to develop an awareness campaign to help people understand where they can go for information, advice and support. As part of this there needs to be clarity about the community roles such as social prescribers and community wardens being clear about the community roles, how they can support people and work together. There will need to be an agreed approach with providers and partners to share information about the support available in communities and review capacity across the services.

11.2 If the decision is taken there will need to be clear communication with partners and social care staff about changes and alternatives available.

11.3 When varying the Wellbeing contract to make the service more targeted to consider groups and activities in areas of deprivation, diversity, barriers to accessing the groups and areas where there are fewer alternative groups and activities.

11.4 A further action identified during this process is improving the data that required to be captured and reported by providers. And making sure that this data is effectively to ensure services are delivering a targeted approach, demonstrating impact and return on investment.

11.5 Officers have considered, as a potential further mitigation, the possibility of making available some proportion of the funds to be saved for applications for direct grants from the VCSE sector. However, officers do not, based on their assessment of the impacts of the proposals, think that this is necessary. Any grant funding made available would impact the intended savings, and officers consider that the impacts of the proposals are proportionate in light of what the Council is trying to achieve. However, officers will monitor the impacts of the proposals and, if they are different to what is currently anticipated, the Council may consider taking additional mitigating steps. This may include considering opportunities to make targeted grants, but the Council will have to assess what may be necessary or appropriate once in due course and once the proposals are implemented. Matters will be kept under review at six months and further decisions made in due course.

12. Financial Implications

12.1 The proposed decision would give rise an estimated £3.45million full year saving, achieved by:

- **Cease to commission the Community Navigation services for older people (55+) delivered by Involve Kent, Imago Community and SEK.** This amounts to a saving of £0.85million.
- **Redesign Wellbeing Services in the Community for older people (55+) delivered by SEK, Involve Kent and Imago Community.** This amounts to a cost saving of £2.24million.

12.2 The table below shows the current contract values and funding that would be available to the organisations if the proposal is implemented.

Service	Annual contract value (million)	Proposed funding (million)
Wellbeing Services in the Community for older people (55+)		
Involve Kent (West Kent)	£0.99million	£0.42million
Involve Kent (North Kent)	£0.66million	£0.28million
SEK (East Kent)	£1.24million	£0.52million
Imago Community (Ashford, Canterbury and Swale)	£0.98million	£0.41million
Total	£3.87million	£1.63million

- **Mental Health Wellbeing Services in the Community (Live Well Kent) - delivered by Porchlight and Shaw Trust.**
- Innovation Fund: This would be a saving of £0.28million. Of this, £0.21m is one off for 25/26 and for 26/27 will need to be addressed when the budget for 26/27 is developed.
- Back-office support: This would result in a saving of £0.04million.
- Removal of Shaw Trust unallocated spend: A total of £0.04million is the spend that is unallocated.

- Together, this would total £0.36million. The rest of the services commissioned with Live Well Kent and Medway are not affected by this proposal.

12.3 In total the savings achieved will be 2025/2026 (3 months): £0.86million and in 2026/2027 £2.59million.

12.4 However, there are potential costs to social care which could reduce anticipated savings. The estimated cost implication on the social care budget could range between £17,000 to £166,000 (full year costs) in the short term.

13. Legal implications

13.1 Section 2 of the Care Act 2014 requires KCC to provide or arrange for the provision of services, facilities or resources, or take other steps, which it considers will: contribute towards preventing or delaying the development by adults of needs for care and support, and the development by carers of needs for support; and reduce the needs for care and support of adults, and reduce the needs for support of carers. In performing that duty, KCC must have regard to the importance of: identifying what is already available in Kent and the extent to which KCC could involve or make use of this; and identifying adults and carers in Kent with unmet needs for care and support.

13.2 Section 4 of the Care Act 2014 requires KCC to establish and maintain an information and advice service for the population of Kent covering: the care and support system locally; the choice of types of care and support, and of providers available in Kent; how to identify independent financial advice regarding care and support; and how to raise safety and wellbeing concerns. In providing information and advice, KCC must in particular have regard to the importance of identifying adults in Kent who would be likely to benefit from financial advice relevant to meeting care and support needs, and must seek to ensure that what it provides is sufficient to enable adults to: identify matters that are or might be relevant to their personal financial position that could be affected by the care and support system; make plans for meeting needs for care and support that might arise; and understand the different ways in which they may access independent financial advice on matters relevant to the meeting of needs for care and support.

13.3 KCC will also remain under a duty to meet the eligible needs of adults falling within section 18 of the Care Act 2014, and to meet a carer's eligible needs for support under section 20 of the 2014 Act. These duties are unaffected by the proposals in this paper, and if an individual's needs satisfy the definition of eligible needs, KCC will become, as they are now, under a duty to ensure those needs are met.

13.4 Section 78 of the Care Act 2014 requires KCC to act under the general guidance of the Secretary of State in the exercise of functions under the Act. The relevant guidance is the "*Care and support statutory guidance*". "Acting under" this general guidance means that KCC should follow this guidance unless it has good admissible reasons for departing from it.

- 13.5 Chapter 2 of the Guidance is concerned with preventing, reducing or delaying needs. The guidance states that it is critical to the vision in the Care Act that the care and support system works to actively promote wellbeing and independence and does not just wait to respond when people reach a crisis point (§2.1). It is vital that the care and support system intervenes early to support individuals, helps people retain or regain their skills and confidence, and prevents need or delays deterioration wherever possible. However, the Guidance emphasises that there are many ways in which a local authority can achieve the aims of promoting wellbeing and independence and reducing dependency. The term “prevention” or “preventative” measures can cover many different types of support, services, facilities or other resources. There is no single definition for what constitutes preventative activity, and this can range from wide-scale whole-population measures aimed at promoting health, to more targeted, individual interventions aimed at improving skills or functioning for one person, or a particular group or lessening the impact of caring on a carer’s health and well-being. Local authorities should consider the range of options available, and how those different approaches could support the needs of their local communities (§2.4).
- 13.6 The Guidance explains the three general approaches – primary prevention (aimed at those with no current particular health or care and support needs, described as universal services), reduce: secondary prevention/early intervention (more targeted interventions aimed at individuals who have an increased risk of developing needs, where the provision of services, resources or facilities may help slow down or reduce further deterioration or prevent other needs arising); and delay: tertiary prevention/formal intervention (interventions aimed at minimising the effect of disability or deterioration for people with established or complex health conditions, supporting people to regain skills and manage/reduce need where possible. Examples of the different types of services are provided. The Guidance also explains that carers play a significant role in preventing the needs for care and support for the people they care for, which is why it is important that KCC considers preventing carers from developing needs for care and support themselves.
- 13.7 The Guidance explains that services can cut across any or all of these three approaches.
- 13.8 The Guidance goes on to state that a local authority must develop a local approach to preventative support, and must provide or arrange for services, facilities or resources which would prevent, delay or reduce individuals’ needs for care and support, or the needs for support of carers. Local authorities should develop a clear, local approach to prevention which sets out how they plan to fulfil this responsibility, taking into account the different types and focus of preventative support outlined above (§2.23). The Guidance emphasises that a local approach to preventative support is a responsibility wider than adult care and support alone, and should include those responsible for public health, leisure, transport and housing services, as well as services provided in partnership with other local partners (e.g. the

NHS) and other organisations (e.g. specialist housing providers or carers' services) (§2.24).

- 13.9 In developing its approach, the guidance says that KCC must, for example: identify current and future demand for preventative support, and the supply in terms of services, facilities and other resources available (§2.25). The guidance emphasises that understanding the breadth of available local resources will help the local authority to consider what gaps might remain, and what further steps it should itself take to promote the market or put in place its own services. However, the local authority does not have to provide preventative support itself, and can instead have mechanisms in place for maintaining contact with providers over time, and helping people to access them. Local approaches to prevention should be built on the resources of the local community, including local support networks and facilities provided by other partners and voluntary organisations (§2.27).
- 13.10 A local authority should: consider the number of people its area with existing needs for care and support, as well as those at risk of developing needs in the future and what can be done to prevent, delay or reduce those needs now and in future; and draw on existing analyses such as the Joint Strategic Needs Assessment and work with other local partners to develop a broader, shared understanding of current and future needs (§2.29). In particular, local authorities must consider how to identify 'unmet need' – for example, those people with needs which are not currently being met, whether by the local authority or by anyone else – and share this assessment with local partners to contribute to wider intelligence for local strategies (§2.30). Local authorities should consider how they can work with different partners to identify unmet needs for different groups and coordinate shared approaches to preventing or reducing such needs (§2.31).
- 13.11 KCC's proposed local approach to prevention is embodied in the strategic review explained in this decision report taken together with the overarching Adult Social Care Prevention Framework 2025-2035 (assuming a decision is taken to adopt it).
- 13.12 §2.42 explains that a variety of different kinds of services, facilities or resources can be preventative and can help individuals live well and maintain their independence or caring roles for longer. Local authorities should be innovative and develop an approach to prevention that meets the needs of their local population. A preventative approach requires a broad range of interventions, as one size will not fit all. Local resources which are already available, the level of local need for care and support, and how to prevent, reduce and delay these needs, and how to identify unmet need.
- 13.13 Chapter 3 of the Guidance is concerned with information and advice. This explains that the provision of information and advice is a vital component of preventing or delaying people's needs for care and support (§3.1). The information and advice services established must cover the wide range of care and support related areas, and also address prevention of care and support needs (§3.5). While local authorities must establish and maintain a

service (which KCC does in the ways described at section 2.4 above), the duty does not require they provide all elements of this service. Rather, under this duty, local authorities are required to understand, coordinate and make effective use of other high quality statutory, voluntary and/or private sector information and advice resources available to people within their areas (§3.14). The various matters to be included in information and advice services is set out in §3.24 of the Guidance and includes the availability of services that may help people remain independent for longer such as home improvement agencies, handymen or maintenance services, and the availability of befriending services and other services to prevent social isolation.

- 13.14 Officers consider that KCC will continue to properly discharge its relevant statutory duties in the event that the proposals are implemented. They have been carefully developed, having regard to KCC's statutory obligations and the Guidance, to allow KCC to discharge those duties in a more targeted, efficient way, while allowing it to make crucial savings.

14. Equalities implications

- 14.1 KCC is under a statutory duty to have due regard to the three equality needs in section 149(1) of the Equality Act 2010 when exercising its functions. The three equality needs are the need to: (a) eliminate discrimination, harassment, victimisation and any other conduct prohibited by the Act; (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- 14.2 The protected characteristics for these purposes are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation: section 149(7).
- 14.3 An initial Equality Impact Assessment (EQIA) was published alongside the consultation document on Let's talk Kent. This has since been updated to reflect the views of consultees and other stakeholders from the consultation. Members must pay careful regard to the updated EQIA found at Appendix 7 in order to pay the regard that is due under section 149(1) of the Act.
- 14.4 In very brief summary, it is assessed that the proposal will have the greatest negative impact on individuals aged 55 and over, as well as those with long-term health conditions. Additionally, a higher proportion of women are supported by these services. The EQIA identifies that a lower proportion of Black, Asian and Mixed ethnicity are supported by the services and during the consultation there were some concerns raised about accessibility to groups and activities for these groups.
- 14.5 KCC considers that the adverse impacts on particular groups are objectively justified in light of their contribution to achieving the aims set out above. KCC has designed its proposals in a targeted way so as to minimise impacts on

particular groups, as well as considering mitigating measures. KCC does not consider that it could minimise adverse impacts further without unacceptably compromising its ability to achieve the proposals' objectives. Balancing the aims of the proposals overall with the adverse impacts on particular groups, KCC considers those impacts to be proportionate.

- 14.6 The proposals may have a negative impact on equality of opportunity if fewer services are made available to protected groups. However, there are a range of identified services and support available that would remain if the proposal was implemented which would contribute to promoting equality of opportunity and enhance physical and mental wellbeing. The additional mitigation identified following consultation is an awareness and prevention campaign, which will help people in a digital and non-digital way find out about what support is available to them. Mitigations have also considered barriers for people getting the right support such as living in rural areas where transport can be an issue.
- 14.7 The proposals may have a negative impact on fostering good relations if the range of activities available in the community is reduced. However, the broad range of services and functions offered outside of these contracts means that a wide range of activities to promote good relations within the community will continue. The council enables fostering good relations through commissioning and service development strategies that consider the voice of people with lived experience and the presenting issues of different groups with protected characteristics. Adult social care attends a wide number of in person information, advice and guidance events across the county through our Involvement Officers, seeking feedback and fostering good relations with people and communities.
- 14.8 Consultees were asked to provide the views on KCC's equality analysis, only 17% of consultees provided a response to this question. 20% of consultees commenting made reference to ensuring everyone is treated as individuals / equally. 18% highlighted that the proposals discriminate against the elderly. Small proportions highlighted concerns about the potential for digitally excluding, the importance of considering any cultural / faith preferences and values and proposals impacting the most vulnerable demographic groups.
- 14.9 During the consultation there was feedback on including Armed Forces and Veterans within the EQIA, the EQIA has been updated to consider the impact of proposals on Armed Forces and Veterans community.
- 14.10 Decision makers are referred to the full EQIA in Appendix 7.

15. Conclusions

- 15.1 While any reduction in KCC funding for preventative support will inevitably have both immediate and longer-term impacts, and taking into account high levels of disagreement expressed during the public consultation, it is considered these impacts are on balance justified in light of the objectives of addressing elements of duplication in KCC's current approach, ensuring that

where KCC does fund prevention it is done efficiently, in a targeted manner, and focuses on areas of greatest need, and contributing to the savings needed to deliver a balanced budget for KCC.

- 15.2 The proposals' potential implications have been carefully considered in light of: the modelling referred in this report; the availability of alternative services and sources of support; the way the proposals have been designed to mitigate potential impacts (including the retention of a triage and signposting service irrespective of level of need) and target those with higher levels of need (including the retention of Community Navigation services for individuals with higher need, following discussions with providers).
- 15.3 It is also important to note that the proposed changes relate only to limited elements of the community services commissioned by KCC, which themselves operate within a broader prevention landscape. The more specialised services commissioned by KCC are unaffected by these proposals.
- 15.4 Decision makers are to first consider and decide whether to adopt the draft Adult Social Care Prevention Framework. The Adult Social Care Prevention Framework cabinet committee report provides details on how the Adult Social Care Prevention Framework sets out a longer term (2025-2035) ambition which is built on five approaches to prevention.

16. Recommendations

16.1 Recommendation(s): The Adult Social Care and Public Health Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make **RECOMMENDATIONS** to the Cabinet Member for Adult Social Care and Public Health on the proposed decision set out in the PROD. (Appendix A).

17. Background Documents

Consultation documents: www.kent.gov.uk/wellbeingconsultation

18. Report Author and Relevant Director

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